



# Customer Satisfaction Feedback Form

Elite Healthcare is committed to listening to you, our customer. We value your feedback and act on major issues that concern our customers. This feedback form is our way of driving continued improvement.

Thank you for taking the time to fill in this form.

Name:	<input type="text"/>	Location:	<input type="text"/>
Service Provided:	<input type="text"/>	Date:	<input type="text"/>
Elite Contact:	<input type="text"/>		

Please indicate how satisfied or dissatisfied you were with the following:

	Very Satisfied	Satisfied	Neutral	Dissatisfied	Very Dissatisfied
Response Time	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Contact person knowldege and competency	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Contact person communication skills	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Product/Service Quality	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Overall	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

If you have any comments, complaints or suggestion for improvement please enter them below: